

## **New Member Information**

Organization Name:			
Please choose the appropriat	e membership category		
☐ Research and ☐ Colleges and N	ise select your organization type Doctoral Universities (\$3,100) Master's Universities (\$1,250) torical Societies, and Other Cultur		
subtracting Line 1 members are not Kassandra Wahlst  Associate Member	00 and are calculated by taking .3 3 (Grants Given). In calculating do all humanists. For additional info rom Ford at (240) 349-6616 or kv	ues, consideration is giver rmation about the due vahlstrom@nhalliance	s formula, please contact
Dues are tiered by	an organization's expenses and		
	Expense range*	<b>Dues</b> \$650	
	<1,000,000 >1,000,000 and <2,500,000	\$1,000	
	>2,500,000 and <7,500,000	\$3,000	
	>7,500,000	\$5,000	
Please enter membership due amount. Membership Dues: §	s based on the information above	e. We will invoice your	organization/institution for this
Name:	Title:		
Email:			
Member Representative Cont	act Information		
NHA communications. Member	ate a primary contact to attend the representatives are typically an active member institutions/orga	president, provost, dea	
Name:		Address:	
Title:			
Phone:			
Email:			



## **Additional Contacts**

Please designate any additional contacts to receive NHA communications.

Name:	Address:	
Title:		
Phone:		
Email:		
Name:	Addross	
Title:	– Address.	
Phone:	- _	
Email:	-	
	-	
Name:	- Address:	
Title:	-	
Phone:	-	
Email:	-	
Government Relations Officer		
For college/university members: If your campus has a g contact. We routinely work with government relations our resources.		
Name:	_ Address: _	
Title:		
Phone:		
Email:		